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CONFIRMATION NO. 3992

SERIAL NUMBER 10/694,648	FILING DATE 10/28/2003 RULE	CLASS 096	GROUP ART UNIT 1724	ATTORNEY DOCKET NO. ATMI-637								
APPLICANTS Michael J. Wodjenski, New Milford, CT; Jose I. Arno, Brookfield, CT;												
** CONTINUING DATA ***** RHS <div style="text-align: center;">NONE</div>												
** FOREIGN APPLICATIONS ***** RHS <div style="text-align: center;">NONE</div>												
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/26/2004												
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%; border-bottom: 1px solid black;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Robert H. Spitz RHS <div style="display: flex; justify-content: space-between; font-size: small;"> Examiner's Signature Initials </div> </td> <td style="width:15%; text-align: center; vertical-align: top;"> STATE OR COUNTRY CT </td> <td style="width:15%; text-align: center; vertical-align: top;"> SHEETS DRAWING 2 </td> <td style="width:15%; text-align: center; vertical-align: top;"> TOTAL CLAIMS 20 </td> <td style="width:10%; text-align: center; vertical-align: top;"> INDEPENDENT CLAIMS 2 </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Robert H. Spitz RHS <div style="display: flex; justify-content: space-between; font-size: small;"> Examiner's Signature Initials </div>	STATE OR COUNTRY CT	SHEETS DRAWING 2	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2			
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ADDRESS 25559 ATMI, INC. 7 COMMERCE DRIVE DANBURY , CT 06810												
TITLE Gas cabinet including integrated effluent scrubber												
FILING FEE RECEIVED <div style="text-align: center;">770</div>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; border-bottom: 1px solid black;"> FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: </td> <td style="width:40%; border: 1px solid black; padding: 2px;"> <input type="checkbox"/> All Fees </td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.16 Fees (Filing) </td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) </td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.18 Fees (Issue) </td> </tr> </table>				FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees		<input type="checkbox"/> 1.16 Fees (Filing)		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)		<input type="checkbox"/> 1.18 Fees (Issue)
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	<input type="checkbox"/> Other _____
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